



APPLICATION FOR THE NORTH AMERICAN VETERINARY LICENSURE EXAMINATION (NAVLE)

State Form 50020 (1-01)

Approved by State Board of Accounts, 2001

Health Professions Bureau
402 West Washington Street, Room 041
Indianapolis, IN 46204

* Your Social Security number is being requested per IC 4-1-8-1. The request is MANDATORY, and this application cannot be processed without it.

APPLICATION FEE	
DATE FEE PAID	
RECEIPT NUMBER	
LICENSE NUMBER	
LICENSE ISSUE DATE	

APPLICANT

Two (2) passport-quality photograph taken not earlier than eight (8) weeks prior to the date of application, dated and signed across the back in the applicant's handwriting, "I certify that this is a true photograph of me".

DO NOT WRITE ABOVE THIS LINE - FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT AND ANSWER ALL QUESTIONS.

APPLICANT INFORMATION

Name of applicant (<i>last, first, middle, maiden</i>)		Social Security number *
Address (<i>number and street or rural route</i>)		
City	State	ZIP code
Telephone number (<i>daytime</i>)	Date of birth (<i>month, day, year</i>)	Place of birth (<i>city and state or country</i>)
Email address		

VETERINARY DEGREE GRANTED BY

NAME OF SCHOOL	LOCATION OF SCHOOL	DATE OF GRADUATION

PROFESSIONAL EDUCATION IN VETERINARY MEDICINE

NAME OF SCHOOL	LOCATION OF SCHOOL	DATES ATTENDED	DEGREE GRANTED

EXAMINATION RECORD

EXAMINATIONS TAKEN	DATE OF MOST RECENT EXAMINATION (<i>month, day, year</i>)	WHERE TAKEN (<i>STATE</i>)	HOW MANY TIMES HAVE YOU SAT FOR THIS EXAMINATION
NATIONAL BOARD EXAMINATION (NBE)			
CLINICAL COMPETENCY EXAMINATION (CCT)			
NORTH AMERICAN VETERINARY LICENSING EXAMINATION (NAVLE)			
HAVE YOU SAT FOR THE NBE, CCT OR THE NAVLE EXAMINATION IN THE STATE OF INDIANA PRIOR TO THIS APPLICATION?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ARE A GRADUATE OF A FOREIGN COLLEGE OF VETERINARY MEDICINE ARE YOU CURRENTLY ENROLLED IN THE EDUCATIONAL COMMISSION FOR FOREIGN VETERINARY GRADUATES (ECFVG) PROGRAM?			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HOLD, OR HAVE YOU EVER HELD A LICENSE, CERTIFICATE, REGISTRATION OR PERMIT TO PRACTICE ANY REGULATED HEALTH OCCUPATION?			<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST ALL PLACES YOU LIVED SINCE GRADUATION FROM VETERINARY SCHOOL

GENERAL LOCATION	DATES

(Continued on the reverse side)

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM VETERINARY SCHOOL		
NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	DATES OF EMPLOYMENT

If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. If malpractice, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Have you ever previously filed an application in the State of Indiana?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been denied a license, certificate, registration or permit to practice veterinary medicine or any regulated health occupation in any state (<i>including Indiana</i>) or country?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you now being, or have you ever been, treated for a drug abuse or alcohol problem?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever been convicted of, plead guilty, or nolo contendere to: A. A violation of any Federal, State, or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction? B. Any offense, misdemeanor or felony in any state? (<i>Except for minor violations of traffic laws resulting in fines.</i>)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever had a malpractice judgement against you or settled any malpractice action?	<input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant	Date signed (<i>month, day, year</i>)
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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Health Professions Bureau of Indiana any files, documents, records or other information pertaining to the undersigned requested by the Bureau, or any of its authorized representatives in connection with processing my application for a license to practice veterinary medicine.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm, that I have read the above statements and agree to same.

Signature of applicant	Date signed (<i>month, day, year</i>)
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**VETERINARY SCHOOL
CERTIFICATION OF EXPECTED GRADUATION
NAVLE CANDIDATE**

To be completed by the Dean, Secretary, or Registrar and must include the school seal.

I hereby certify that _____, is currently enrolled and expected to graduate from
(Name of Applicant)
_____ on _____.
(Name of School) (Date of graduation)

Signature of Dean, Secretary or Registrar

Date (<i>month, day, year</i>)

SCHOOL SEAL

Candidates who have not graduated from veterinary school may submit the "Certification of Expected Graduation" form or an original letter from the dean with the school seal.

Please forward this certification or letter to the following address:

*Indiana Board of Veterinary Medical Examiners
Health Professions Bureau
NAVLE Examination Section
402 West Washington Street, Room 041
Indianapolis, Indiana 46204*

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*Indiana Board of Veterinary Medical Examiners
Health Professions Bureau
NAVLE Examination Section
402 West Washington Street, Room 041
Indianapolis, Indiana 46204*